GOPY OF PAPERS ORIGINALLY FILED

Please pe a plus sign (+) inside this box -

_		
	+	

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09 / 514,465 /	
Filing Date	28-Feb-2000 /	
First Named Inventor	Ravi Someshwar	
Title	Printing Method and Apperatus Having Multiple Raster Image Processors	
Group Art Unit	2622	
Examiner Name	TWYLER MARIE LAMB	
Attorney Docket Number	EFIM0069CIP	

I hereby appoir	nt:				1			I	
☐ Practition	ers at (Customer Number					Customer er Bar Code		
_ OR						Label	here		ļ
✓ Practitione	er(s) na	med below:			·			.	
		Name			Registra	tion Nur	nber		
	s Tros			-	862			i I	ļ
Jame	s L. Et	heridge		37,	614			i l	
-									
L						-		, I	
as my/our attorne	ey(s) oı	agent(s) to prosect	ute the application	identifie	d above,	and to tr	ansact #RE	CFIV	ΞD
business in the L	Jnited S	States Patent and T	rademark Office co	nnecte	therewith	h.			
		espondence address		ntified a	pplication	to:	JUN	V 2 5 2	102
☐ The above-r	mentior	ed Customer Numb	ber.			DI 0	. Terl anole		
	at Cus	stomer Number	· · · · · · · · · · · · · · · · · · ·		_ → 7	Piace Cus Number Bi	tome Technol (199 Cente	r 2600
OR	at Out	storile: realiser _				Label here			
Firm or Individual Nar	me	James Trosino							
Address		One Sansome Sti	reet						
Address		Suite 2000, #2000	03						
City		San Francisco		State	CA	Z	z _{ip} 94104		
Country		U.S.A.							
Telephone		(650) 357-3997		Fax	(650) 357	7-3776			
I am the:									ı
☐ Applicant/	/Invent	or.							
Assignee of record of the entire interest. See 37 CFR 3.71.									
		· 37 CFR 3.73(b) is			96).			ı	
			Applicant or Assig						
Name	Elect	ronics for Imagin	na. Inc.			_	•	-	
	10	5							
Signature 18-Jun-2002									
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple									
forms if more than one si									į
☑ *Total of1forms are submitted.									

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



©OPY OF PAPERSORIGINALLY FILED

ase type a plus sign (+) inside this box ----

PTO/SB/82 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09 / 514,465
Filing Date	28-Feb-2000
First Named Inventor	Ravi Someshwar
Group Art Unit	2622
Examiner Name	TWYLER MARIE LAMB
Attorney Docket Number	EFIM0069CIP

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:					
A Power of Attorney or Authorization of Agent is submitted herewith. RECEIVED					
JUN 2.5.2002					
Please change the correspondence address for the above-identified application to: Technology Center 26(
Customer Number ————————————————————————————————————					
CR Label here					
Firm or Individual Name					
Address					
Address					
City					
Country State ZIP					
Telephone Fax					
I am the:					
Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
SIGNATURE of Applicant or Assignee of Record					
Name Electronics for Imaging, Inc.					
Signature £2 5					
Date 13-Jun-2002					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
*Total of1forms are submitted.					

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.





CAPT OF PAPERS ORIGINALLY FILED

Please type a plus sign (+) inside this box -+ +

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. 09 / 514,465 Application Number **TRANSMITTAL** 28-Feb-2000 **Filing Date FORM** Ravi Someshwar **First Named Inventor** (to be used for all correspondence after initial filing) **Group Art Unit** 2622 TWYLER MARIE LAMB **Examiner Name** 5 Attorney Docket Number | EFIM0069CIP Total Number of Pages in This Submission

			ENCLOSURES (check	k all t	hat apply)		
Fee Transmittal Form	n		Assignment Papers (for an Application)		After Allowance Communication to Group		
Fee Attached	I		Drawing(s)		Appeal Communication to Board of Appeals and Interferences		
Amendment / Reply			Licensing-related Papers		Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)		
After Final			Petition		Proprietary Information		
Affidavits/dec	claration(s)	Petition to Convert to a Provisional Application			Status Letter		
Extension of Time R	equest	2	Power of Attorney, Revocation Change of Correspondence Address	~	Other Enclosure(s) (please identify below):		
Express Abandonmo	ent Request		Terminal Disclaimer Request for Refund	2. F	 Revocation of Power of Attorney Power of Attorney Rule 3.73(b) Statement 		
Information Disclosure Statement			CD, Number of CD(s)		4. Return Postcard		
Certified Copy of Pri	ority	Rema	ndro	<u> </u>	RECEIVED		
Response to Missing Parts/ Incomplete Application		Kein	aiks		JUN 2 5 2002		
Response to Missing Parts under 37 CFR 1.52 or 1.53					Technology Center 2600		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
Firm or Individual name	James Trosino						
Signature	ignature James Troomi						
Date	Date 13-Jun-2002						

CERTIFICATE OF MAILING					
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 13-Jun-2002					
Typed or printed name	James Trosino				
Signature	James Twarm	Date 13-Jun-2002			

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.